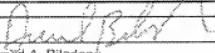


Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 H.R. 4818.	
FEES TRANSMITTAL For FY 2009	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	
TOTAL AMOUNT OF PAYMENT (\$ 1,850.00)	
Attorney Docket No. 3449-0921PUS1	

METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify: _____)							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP							
For the above-identified deposit account, the Director is hereby authorized to. (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below				<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17				<input type="checkbox"/> Credit any overpayments			

FEES CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
FILING FEES SEARCH FEES EXAMINATION FEES							
Application Type		Small Entity	Small Entity	Small Entity	Small Entity	Fees Paid (\$)	Fees Paid (\$)
Utility		330	165	540	270	220	110
Design		220	110	180	50	140	70
Plant		220	110	330	165	170	85
Reissue		330	165	540	270	650	325
Provisional		220	110	0	0	0	0
2. EXCESS CLAIM FEES							
Fee Description Small Entity Fee (\$) Fee (\$)							
Each claim over 20 (including Reissues) 52 26							
Each independent claim over 3 (including Reissues) 220 110							
Multiple dependent claims 396 195							
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$)							
- 20 or HP = x = _____							
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) _____							
- 3 or HP = x = _____							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
- 100 = /50 = (round up to a whole number) x = _____							
4. OTHER FEE(S)							
Non-English Specification. \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge). 1253 Extension for response within third month 1,110.00							
1401 Notice of appeal 540.00							

SUBMITTED BY	
Signature	
Name (Print/Type)	David A. Bildeau
Registration No. (Attorney/Agent)	42,325
Telephone	(703) 205-8000
Date	February 25, 2010